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DR. WATSON ON SCARLET FEVER.

[Concluded from page 187.]

THE earliest threatenings of this formidable complaint demand attention. It is usually preceded for a day or two, or longer, by languor and peevishness; frequently by nausea and vomiting, and a costive state of the bowels. The pulse, in the outset, has been found slow, and beating with irregular intervals; but it afterwards becomes frequent. The urine, at first, is scanty as well as altered in appearance. The face becomes pale and chuffy. Sometimes, as the disease proceeds, violent headache, dilatation of the pupils, convulsions, or palsy, denote effusion within the head. Much more frequently the pleuræ are the seat of the internal dropsical accumulation, and dyspnœa is a prominent symptom. Ascites, to any considerable extent, is rare.

The contagion of scarlet fever is active, but uncertain. It is not so strong, nor so uniform in its action, as that of smallpox; but it seems to be peculiarly subtle and tenacious. Fomites infected with the variolous poison soon lose their power to excite disease if they are freely exposed to fresh air. But the contagion of scarlet fever lurks about an apartment, or clings to furniture and clothes, for a very long time, even after some care has been taken to purify them. Of this I have known several remarkable examples. You will be asked at what period the danger of imparting the disease on the one hand, or of catching it on the other, is over; and I would recommend you to answer that you do not know. I am sure I do not; and therefore I always decline the responsibility of giving an oracular opinion on the matter.

I may arrange what I have to say of the *treatment* of scarlet fever, according to the three varieties of it already mentioned, the *scarlatina simplex—anginosa—and maligna*.

The first of these requires nothing more than confinement to the house; and the observance of the antiphlogistic regimen in regard to diet; and regulation of the bowels.

With respect to the management of the severer forms of scarlet fever, great differences of opinion have prevailed. I should recommend you to look into Dr. Williams's book on Morbid Poisons, recently published, for some interesting and satisfactory *information* on this head. Satisfactory to me at least it is, because the result of it goes to justify that kind of practice which I have always considered to be the safest and the best in this disorder.

In the scarlatina anginosa, the treatment I employ is very much the same as that which I consider proper for many cases of continued fever. If the heat of the surface be very great and distressing, I should certainly not recommend the cold *affusion*, but cold or tepid *sponging* will be very refreshing and beneficial. If delirium should come on, I would shave the scalp, and apply cold to it, and take away some blood by leeches: and the leeches I would apply to the *throat* rather than to the *temples*; for the tonsils, in this form of the disorder, are more swelled and inflamed, and probably a part of the head affection may arise from a disturbance of the balance of the cerebral circulation, produced by the tumefaction around the great veins that return the blood from the head. By leeching the throat you relieve that part, and at the same time the *head also*. If the fever were extreme and the delirium violent, I would take blood cautiously from the arm, while the patient was sitting up, and carefully watch the effect.

When none of these untoward head symptoms declare themselves, all that we have to do is to keep the bowels open by moderate laxatives. The patient may take saline draughts, which are grateful and cooling. The citrate of ammonia thus administered is what I frequently prescribe: and if the pulse be without hardness, and feeble, I order an excess of the carbonate of ammonia, so that four or five grains of it in each dose may remain unsaturated by the lemon-juice.

With respect, then, to this form of the complaint, the principles of treatment are, not to interfere unnecessarily; to take blood when certain symptoms require it, but to take no more than seems likely to be sufficient for the purpose in view; to bear in mind that the system is laboring under a morbid poison, which we cannot eliminate from the blood, but the dangerous effects of which we are to watch and obviate.

In that worst form of scarlet fever, the scarlatina maligna, all our care will too often be in vain. There appear to me two main sources of danger. The one arises from the primary impression of the contagious poison upon the body, and particularly upon the nervous system, which is overwhelmed by its influence. The patients sink often at a very early period, with but little affection either of the throat or of the skin. If we can save such patients at all, it must be by the liberal administration of wine or bark, to sustain the flagging powers until the deadly agency of the poison in some measure passes by. But another source of danger arises from the gangrenous ulceration which is apt to ensue in the throat, when the patient is not killed by the first violence of the contagion. The system is re-inoculated, I believe, with the poisonous secretion from the throat. Now under these circumstances, also, quina, or wine, and upon the whole I should give the preference to wine, are to be diligently, though watchfully given; and something may be done, by the way of gargles, to correct the state of the throat, and to prevent the perilous consequences which would otherwise be likely to flow from it. A weak solution of the chloride of soda may be employed for this purpose; and if the disease occurs in a child that is not able to gargle, this solution may be injected into the nostrils, and against the fauces, by means of a syringe or elastic bottle. The effect of this application is sometimes most

encouraging. A quantity of offensive, sloughy matter is brought away; the acrid discharge is rendered harmless; the running from the nose, and diarrhoea, cease; and the disease is converted into a form which approximates to the scarlatina anginosa. This is a great improvement upon the old plan of ordering capsicum gargles.

From several distinct and highly respectable sources, *chlorine* has been strongly pressed upon my notice, as a most valuable remedy in the severest forms of scarlet fever. My informants have stated, that whereas they formerly dreaded to be summoned in cases of that disease, they now, having had experience of the virtues of chlorine, felt no misgivings in undertaking its treatment. Since these representations were made to me, I have not had opportunities enough of trying this drug to enable me to speak confidently of its sanative power; but I shall certainly employ it in future. I presume that its disinfecting properties may, in part, account for the good it does. It probably deprives the foul secretions of their noxious quality.

In the fourth volume of the Medical Gazette, Messrs. Taynton and Williams, of Bromley, write in high praise of this remedy. I will give you the formula for its preparation.

Two drachms of the chlorate of potass are to be dissolved in two ounces of hydrochloric acid, previously diluted with two ounces of distilled water. The solution must be put immediately into a stopped bottle, and kept in a dark place.

Two drachms of this solution, mixed with a pint of distilled water, constitute the chlorine mixture; of which a table spoonful, or two, according to the age of the patient, may be given for a dose, frequently.

We must not omit, in this, as well as in the other forms of the complaint, to pay attention to the state of the bowels, and by no means to allow them to remain costive.

I have seldom used blisters in this disease; but an experienced physician has lately told me that, when applied *early* to the neck and throat, they appear to render the affection of the fauces mild.

When the patient is at length convalescent, he will require careful watching till that period has gone by at which the dropsical symptoms are apt to appear. It is by neglect or imprudence that these symptoms are brought on. The patient should be sedulously protected from all exposure to cold, and wet, and fatigue; indeed he ought not to be permitted to go out of the house until the progress of desquamation is fairly over: and I would not willingly let a patient go out till some little time *after* this. When dropsical symptoms *do* occur, if they are very slight, they may be removed in general by purgatives and by digitalis. The *supertartrate of potass* is a good remedy, too, in such cases, and the use of the *warm bath*, which may be repeated every night.

But if there be any indication of *inflammatory* disease within, we must adopt more active measures. We have not, *now*, to contend with the depressing influence of a morbid poison, but we have to dread the consequences of acute inflammation; or of the sudden effusion of fluid, the mere presence and pressure of which may fatally oppress vital organs. We should have for our object to arrest the inflammation—or to

promote the removal of the effused fluid—by bloodletting, and by the exhibition of purgative medicines, and of *mercury*. The worst case of this kind that I ever witnessed occurred in a boy of 15, the son of a tradesman in my neighborhood. He had had scarlet fever, *mildly*, and had got well, or nearly well, of it, as he believed: and he went, one evening, into his father's stable, and staid there some time in the cold, during the period of desquamation. A day or two afterwards he began to have headache, and in a few hours more was seized with convulsions of one side of the body, coma, and at length hemiplegia; and his face and extremities became at the same time anasarcaous. A large quantity of blood was taken from his arm, he was cupped on the temples, and took mercury till in a short space of time he was profusely salivated. Under this treatment the coma and dropsy rapidly disappeared, and he presently recovered the use of his palsied limbs, and got quite well. I make no doubt that some effusion took place within the cranium, as well as into the subcutaneous cellular tissue. The plan of treatment followed in this case, modified according to particular circumstances, is that which I should again pursue, and therefore what I should recommend you to pursue, in similar emergencies.

You are probably aware that *belladonna* is believed by many to exert a preventive and protecting influence upon the body against the contagion of scarlet fever. Hahnemann, the author of the homœopathic hypothesis (and thereby of much mischief to mankind) was the first to assert this. It is said that belladonna administered in small doses causes sometimes a rash resembling that of scarlatina. It certainly is apt to produce dryness and redness of the fauces. I know nothing, by my own experience, of the alleged conservative property of this vegetable, but in the small quantities recommended there can be no harm in trying it, *provided that* its employment does not lead to a neglect of other precautions. Three grains of the extract of belladonna are dissolved in an ounce of distilled water; and three drops of the solution are given twice daily to a child under twelve months old, and one drop more for every year above that age. It is affirmed that if this remedy does not prevent the disease, it will render it mild: and that if it be taken four or five days before exposure to the contagion, the resulting scarlatina never proves fatal.—*London Medical Gazette*.

THE POPULATION PROBLEM.

It is lucky for the population-mongers that they did not live in Swift's days; for most unquestionably he would have given them a niche in the Academy of Laputa. The philosopher who attempted to extract sunbeams from cucumbers, or the architect who insisted that houses should be built from the top downwards, did not advance any absurdity more gross than the theorist who would extract happiness from the "moral check," or improve society by upsetting the instinctive charities upon which it is founded. Goldsmith gives us the journal of an astronomer, who, while watching the aberrations of the moon, is careless about those

of his daughter. The latter runs off with a grenadier, and this he bears with patience; but the irregularities of the former he finds unaccountable and intolerable. Just so the Malthusian is indifferent to what passes before his face, and bears the misfortunes of his neighbors with infinite equanimity; but he is alarmed to the highest degree by the possible increase of the human species in a couple of centuries—the uncomfortably crowded state of the world in 2042 fills him with unspeakable pity. He would make any sacrifice (of other people's happiness) to prevent it.

Such are the fears which have sprung up with the last half century; fears from which our ancestors were happily free. Indeed, it is remarkable that formerly the current of apprehension flowed in a contrary direction; and poets and statesmen alike thought that population was diminishing. The decay of population in England was one of the constant complaints of our ancient parliaments; and as it was ascribed in part to the disuse of tillage and increase of pasturage, it was once asserted that a sheep was a more devouring beast than a lion.

In the "Coltness Collections," lately published by the Maitland Club, there is an interesting account of the journey of a Scottish lady from Edinburgh to London, in the middle of the last century. She was far from being struck with the populousness of the southern division of our island: rather the reverse. "I did not think England sufficiently peopled, nor so populous by far, in proportion to its extent and produce, as the best cultivated counties in Scotland."

This was in 1756. At a later period still we find the author of the *Deserted Village* exclaiming with regret—

"A time there was, ere England's woes began,
When every rood of ground maintained its man."

At last, towards the end of the century, came a violent re-action; and since that era the sight of a large family of poor healthy children, formerly so agreeable to the calculator as well as to the philanthropist, has filled the political economist with dismay.

The friends of humanity and the followers of Malthus have long disputed on this question; the former appealing to common sense and good feeling, the latter to tables of geometrical progression. The Malthusians have triumphed in the passing of the New Poor Law; while their opponents have achieved several mitigations of this arbitrary code, and are destined, we trust, to effect many more.

Meantime, Dr. Loudon has come into the field with the hope of reconciling the combatants, and in a French work now before us he endeavors to give a practical solution of the difficulty.*

Beginning in the established manner, Dr. Loudon tells us of the fecundity of rabbits and herrings, and the progressive increase of the population of Ireland during the last 150 years. Should it continue at the same rate for the next two centuries, Ireland would contain 128,000,000 souls. As for England, it has been shown by various men of figures that it might nourish 120 or even 300,000,000 of inhabitants. To

* "Solution du problème de la population et de la subsistance, soumise à un médecin dans une série de lettres, par Charles Loudon, Docteur en Médecine, ex-commissaire de S. M. Britannique, chargé de l'inspection des enfans employés dans les manufactures d'Angleterre. Paris: 1842."

effect this, however, we must give up horses and oxen, *désempoisonner* or disfish our rivers, and turn fair Albion into a *série des jardins des pommes de terre*—a most undesirable conclusion! Suppose a race of men placed in a fertile country under the most favorable circumstances, without war or foreign levy, without let or hindrance to their continual increase; in short, let Utopia be realized, and population might be doubled every 15, or even every 10 years.

But wars, epidemics, the want of the necessities of life, late marriages, and the bad physical education of children, prevent this from ever happening; so that a doubling of the population once in 25 years, which has taken place in North America, has been the quickest increase known.

The terror inspired by so rapid an increase, drove Malthus to affirm that the only remedy for these evils, the only check to the most frightful increase of population in these islands, was to put off marriage to the age of 28 or 30. This proposition is sufficiently demoralizing, and if adopted would convert a kingdom into one huge brothel; but other and worse abominations have been suggested, until at last, some three years since, we arrived at Marcus's proposal for stifling new-born infants with carbonic acid gas. As for wars, their influence on large populations is small indeed. What wars, for instance, would take off the 3,749,094 persons added to the population of Prussia between 1816 and 1836?

Dr. Loudon admits the premises of Malthus, as well as his conclusion that population has a strong tendency to outstrip the means of subsistence; but at the same time he allows that the "moral check," as it is impudently called, would be the most enormous encouragement to vice. How, then, does he get out of the dilemma? In a curious manner enough; by the recommendation of long suckling. He observes that, in late works, the time recommended for suckling is from twelve to fifteen months. The longest of these periods was the usual time during the last century in Germany, France, and even England. In the days of Ambrose Paré, the ladies of the French court suckled their infants for eighteen months; while Mahometan women, in obedience to the Koran, perform this duty for two years at least. Longer periods, however, have been common. Thus, in the second book of Maccabees, we find an instance of a mother suckling her child for three years. This, too, is the usual period among the aborigines of America, from the most northern point to Cape Horn, and also in many parts of Africa. Chateaubriand mentions an American child which was suckled up to its seventh or eighth year: and Captain King, in the account of his voyage to the North Pole, speaks of a boy whom he saw return to his mother's breast, after making use of his bow and arrows. A lady of good family in Warwickshire, told Dr. Loudon of a case where a young lady was suckled up to the age of sixteen, and then died of vexation at being weaned. In the thirty-third No. of the *Medico-Chirurgical Review*, there is an account of one Judith Waterford who suckled uninterruptedly for forty-seven years. She had milk in her breasts in her 81st year; and Dr. Loudon, on a recent tour to England, found the fact to be as alleged. A similar instance is given by Meckel, and several are narrated by Sir Astley Cooper in his work on Diseases of the Breast.

On the whole, however, three years seem to be the best and most natural period. In Macrobius's commentary upon Scipio's dream, it is observed that at seven months the teeth begin to appear, and that at twice seven the infant can sit. At thrice seven he talks, at four times seven he walks. At five times seven months the child begins to dislike the nurse's milk, unless he is induced to bear it longer by the force of habit.

Dr. Loudon is often asked how often in a day the infant ought to have the breast; how long it ought to be suckled without being fed; when vegetable diet ought to be given in addition to the mother's milk; when it ought to be weaned, and when animal food ought to be added to the vegetable?

To which he answers, it should have the breast every two or three hours; have the mother's milk alone for the first fourteen months, and, with the addition of cow's or goat's milk, till it is three years old; farinaceous or vegetable food being added when it becomes necessary. As for the three years' suckling, Dr. Loudon affirms that it is backed by the practice of those mammalia which bear but a single young one. The period of suckling is always one seventh of the time required for attaining maturity, and one forty-ninth of their most prolonged existence. Thus the elephant becoming adult at 18, and living to 120 or 30, the female suckles her young to the age of two and a half; and as man is completely developed at one-and-twenty, and may live, according to Dr. Loudon, to 150, children ought to be suckled to the age of three.

On the whole, we think that the arguments against Dr. Loudon's proposal are chiefly these:—

First, there is something grating to every sound mind in any scheme intended to prevent conception.

Secondly, under the present system, so many women bear ten or twelve healthy children, without damage to their own constitution, that child-bearing once in sixteen months would seem quite as natural as once in four years, the period fixed on by Dr. Loudon.

Thirdly, long suckling is practically found to be highly injurious to women's constitutions.

To the first objection Dr. Loudon answers:—

That he should think it impious to propose this long suckling in order to prevent conception, but that he does so because it is the natural term.

The third he answers by denying the fact, and affirming that women who cannot suckle are to be deemed mere exceptions.

We are not sure whether he answers our second objection at all, but it is of less importance.

The balance of our judgment is certainly against the plan. Dr. Loudon is evidently a benevolent man, but has been fascinated by the Malthusian figures and statements. If systems are known by their fruits, we would ask him what kind the theory of population has borne—whether any grapes have been gathered from this bramble? From the original treatise of Malthus to Marcus's pamphlet, from the New Poor Bill to the discouragement of charity, public and private, all speak loudly against

the theory whose development leads to such terrible results. What is wrong must be based on what is false.—*Ibid.*

SURGICAL CASES PRESENTED AT THE ALBANY MEDICAL COLLEGE, FOR SESSION 1842-3.

[Communicated for the Boston Medical and Surgical Journal.]

Dr. March's Surgical Clinique, October 15, 1842.—THE Clinical Lecture was very numerously attended, and several cases of great interest were presented. A number of the medical gentlemen of the city and its neighborhood were present. Among the operations performed were two for the removal of the deformity called strabismus, or squinting. Professor March very fully explained the successive steps of the operation, which he performed in the presence of the class with his accustomed dexterity and success. We subjoin a brief report of the cases presented.

1. Mr. —, aged 55, from Michigan, presented himself for the removal of a nasal polypus of several years' growth. From its great size and fibrous character, it seriously impeded respiration and deglutition, and threatened to produce effects of a still more serious character. It was skilfully and effectually removed by means of the polypus forceps. The hemorrhage was trifling, and the patient expressed himself greatly relieved.

2. C. H., a young man aged 15, with a fungous excrescence arising from the anterior part of the soft palate. It was removed, and nitrate of silver applied.

3. D. K., aged 35. This patient appeared last Saturday, with an indolent, chronic, varicose ulcer, situated a little above the ankle. On examination, it was found that a decided improvement had taken place. The secretion had assumed a healthy character, and healthy granulations had commenced. Dry calomel was applied, and the ulcer dressed with adhesive straps and roller.

4. S. L., aged 37, from Massachusetts. This patient appeared last Saturday, laboring under the disease called "lupus exidens." Under the constitutional and local treatment then prescribed, a manifest improvement has taken place. Creosote was applied externally, and nitrate of silver to the fauces. This case was one of peculiar interest, as exhibiting the appearances and mode of treatment of a rare and dangerous disease.

5. C. G., aged 25. This patient appeared last Saturday, suffering under the effects of a bad compound fracture of both bones of the forearm. On examination, it was found that the ulna was rapidly uniting, and that a decided improvement had taken place in the appearance of the ulcer. The general health and appearance of the patient is much improved.

6. A child of Mr. H. S., aged 3 months, with a vascular tumor on the middle of the forehead. The excrescence was expeditiously removed. Professor March made some excellent remarks on the va-

rious forms of this affection, and on the different operations proposed for its removal. As the tumor was of small size, and easily accessible, excision, in this case, was adopted.

7. S. E. C., a girl, aged 12. Contraction of the fingers of the right hand, the result of the cicatrization of a burn. The deformity was removed by the excision of the cicatrices; the wounds were dressed, and a splint and roller applied.

8. N. K., a young lady, aged 16. In this case the operation for strabismus was performed with great dexterity and with perfect success.

9. A child of Mr. D., aged 3 months, of Montgomery Co. A case of hare-lip. The operation for the removal of this congenital deformity was skilfully performed by Professor March, who made some practical remarks illustrating the various steps of the operation.

10. R. K., aged 25. Abscess, with disease of ankle-joint. The abscess was opened, a dressing applied, and the patient ordered to poultice the part.

11. Mr. R. I., aged 60, of Greene Co. A case of lenticular cataract. The operation for depression was dexterously performed by Dr. M., who described the various forms of the disease, and the modes of operating for its removal. The importance of the previous application of extract of belladonna, for the purpose of expanding the pupil, was pointed out.

12. R. G., aged 17. The operation for strabismus was performed on this patient, with the most gratifying success.

13. Mr. F., aged 70, of Orange Co. This was a serious and very interesting case of malignant fungoid tumor, arising from the upper eyelid of the left eye. The tumor was four inches in circumference, of an oval form, and had been of rapid growth. An enlarged lymphatic gland in the neighborhood of the tumor was first removed. From its situation over the temporal artery, and near the origin of the fifth pair of nerves, it required a very cautious and delicate dissection. It was removed with perfect safety to the patient. The tumor was then excised, and the wounds dressed with adhesive straps and roller.

Several cases still remained; among them, a case of talipes, or club-foot; but the hour having arrived, they were deferred to next Saturday.

J. R.

BLOW ON THE HEAD—ULCERATION OF THE CORNEA—DEATH.

[Communicated for the Boston Medical and Surgical Journal.]

E. T., aged 8. Saw her first, June 23th, 1841, and found the pulse slow; tongue coated with a white fur; bowels costive, and some abdominal tenderness; no appetite nor thirst; sleeps tolerably well; some itching in the nose; breath fetid.

July 10th.—Found her in the same situation as in the first instance, with the addition of listlessness; tongue coated with a yellow fur; pulse fuller; urinary secretion rather scanty; skin dry; cold feet; pain in head, and confined to a surface on the middle of the left parietal bone,

not exceeding the size of a shilling as she marked out the boundaries with her finger. Her mother informed me that about four weeks previous, while at play in a school-room, she fell and struck her head on the bench, and an abscess was the consequence. I examined the head, and found no external marks of disease whatever.

July 12th.—Found her much as before, although pain in head had nearly subsided. Conjunctivitis in right eye had come on.

15th.—Pain in head has returned; more obtuse; left side of head hotter than any other part of it; some thirst; tongue still coated; conjunctivitis has subsided; pupils natural; bowels inclining to costiveness; urine rather scanty; pulse slow and full, and easily compressed.

20th.—Head entirely relieved, and of natural temperature; makes no complaint; chooses to lie on the back; loathes food; tongue coated with yellow fur; urine more abundant, and œdematous; makes no replies to questions, nor asks for anything; countenance bright and animated; almost total blindness of right eye; enlarged capillaries are seen traversing the cornea, which is partially opaque; aqueous humor appears turbid; eye not unusually sensible to light.

24th.—Opacity of cornea and turbidness of aqueous humor in a great measure relieved; an idiotic expression of countenance; left side of head hotter than natural; pain in head indicated by scowling, &c.; dilatation of left pupil; emaciation; abdomen tumid and somewhat tender; bowels costive; lies constantly on the back, and makes no complaint nor replies; urine scanty; flinches under pressure in right hypochondriac region; respiration slow; pulse rather stronger.

28th.—Head again better; idiotic expression absent; right eye extensively diseased, and closed; chambers of the eye appear to be filled with purulent matter; vision entirely gone; iris protruding; eye appears more prominent than the left; countenance brighter; respiration freer and easier; bowels not as costive as usual; urine more abundant; skin dry. Her mother told me there had been shivering to-day, as from cold; feet cold; tongue still coated.

August 2d.—Protrusion of cornea; appearances of ulceration; pulse softer; progressive emaciation; the only evidence of pain, &c., is derived from the occasional scowling, putting the hand to the eye, &c. Other symptoms as on the 28th.

6th.—Contents of the eye have escaped through ulceration of the cornea; sclerotic coat softer than natural; tenderness on pressure about the eye; expression of countenance inclining to idiotcy; keeps the head rolling; respiration not so free as it has been along back; pulse about as usual; more abdominal tenderness; costiveness more severe; urine not so abundant as on the 2d; coldness and numbness of feet. Other symptoms as on the 2d.

12th.—Progressive emaciation; left side of head hotter than natural; respiration slow and laborious; disease in the orbit and region greatly relieved; appears to be insensible; mouth and skin dry; cold extremities; thumbs bent in towards the palm; left pupil dilated; till about the 22d July it had been quite natural; lies constantly on the back, &c.

14th.—Suppuration of the contents of the orbit; still insensible;

movement of bowels in the bed unknown to her; also urine passed in bed; dilatation of left pupil; head hotter than natural.

16th.—She died.

I have hastily transcribed thus much of the case, and only stated the most prominent symptoms present on the days mentioned. Whether the disease was in any way connected with the optic nerves, you can judge as easily as I can. If it was not, what was the cause of its frequent and sudden change of location? When there were more evidences of disease in the left side of the head, the right was better; when the eye was diseased, the head was better, &c. Almost from the commencement she would answer no questions, and in the first instance only would she make motions to indicate the seat of pain! In the whole course of her sickness she made no complaint of anything.

The principal treatment was leeching, counter-irritation, antimonials, cathartics in which calomel was an ingredient, diuretics, &c. &c. It was a case difficult to treat, for if the head was principally affected and the attention directed there, the eye was sure to suffer next, and vice versa. A post-mortem examination was refused. Dr. Babcock, an eminent practitioner in Madison Co., visited her with me, through nearly the whole of her sickness.

THOMPSON MEAD, JR.

Norwich, N. Y., Oct. 15, 1842.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 26, 1842.

MEDICAL LECTURES IN BOSTON.

In noticing, from time to time, the claims of other institutions, we have no intention of neglecting those of the Medical College in Boston, the lectures of which commence the ensuing first Wednesday in November. Students will find excellent accommodations in the city, and we feel sure that a more elevated and complete course of medical instruction is not given in America, than in this College. All the charities, and there are many, the hospitals, dispensaries, &c., too numerous to particularize, are accessible to the student. In a word, the advantages to the industrious medical student are nowhere superior; and we therefore hope, for the honor of the capital of Massachusetts and its ancient medical school, had we no higher motive, that a large class may be seasonably assembled.

Physician for Ships.—A third edition of this popular work, by Dr. Usher Parsons, of Providence, R. I., is just from the prolific press of Messrs. Little & Brown. Having heretofore expressed the favorable impression made by this judicious compilation, it would hardly be worth while to repeat it again. Its circulation must be of immense advantage to those for whom it is designed; and it will probably become as familiar to the intelligent mariner as the use of the quadrant. Sailors suffer ex-

ceedingly for the want of medical advice. All vessels, or nearly all, have a medicine chest, but no medical directions worthy of credence. If a man is taken sick, the first order from the captain is to give him a dose of salts, without much regard to symptoms. If word comes from the fore-castle next morning that Jack is no better, then follows a huge paper of jalap and calomel; and after that, he is left to fate, much like a ship in a gale—the sails torn, bolt ropes gone, rudder twisted from the pintons, and, in a sinking condition, drifting at the mercy of the waves. It may be he lives to reach a port—but, live or die, the whole crew would swear that nothing more could have been done for him, "*as the captain gave Jack a plenty of physic.*" We are familiar with the whole routine of managing diseases on ship-board, and are therefore enabled to appreciate this very useful medical guide for seamen. Our merchants ought to put a copy on board of every vessel leaving port.

Kane's Chemistry.—Never having had a copy of this book, we did not intend giving it any further notice—and should not now have departed from our course in respect to unseen publications, were it not for a circumstance that reflects great honor on Professor Draper, of the New York University Medical School, the American editor of the work. After revising and fitting it by a long course of labor which but very few men would be competent to undertake, so that it is hailed with delight by the chemists, Professor Draper refuses to avail himself of a single farthing arising from the sale, which his science and industry have made extensive in this country; but gives all that he might have claimed to his learned friend the author, in England, who is said to be in embarrassed circumstances.

School for Dissections.—Dr. Lewis is about erecting a convenient building expressly for a dissecting school, which will possess all the conveniences that are desirable, but which are rarely found in ordinary apartments. Spacious rooms, well ventilated, and a plentiful supply of soft water, are essentials which are kept in view in this contemplated edifice. The location fixed upon is south of the point where the Worcester Rail-road crosses Tremont street.

Popular Lectures on Anatomy.—A course of six lectures is now being delivered at the Temple, in this city, by Messrs. Mack & Lambert, who appear, from the slight opportunity we have had of hearing them, to be familiar with their subject. Dr. Azoux's ingenious invention of the manikin gives the popular lecturer very important advantages over the laborious demonstrator who is necessarily confined to the dead body. With the manikin, the audience is not perpetually shocked by whatever is exhibited. If any one appears to be squeamish, a sovereign remedy is found in assuring the individual that it is nothing but *chewed paper*! We are advocates for the present mode of disseminating useful information by lectures. One man reads for hundreds, and gives the results of his inquiries in language that can be understood. There is no reason why anatomy and physiology should not be extensively taught, since they must necessarily have an important influence on the every-day life of all who understand them.

"Origin and present Condition of Louisville Medical Institute."—This pamphlet contains matter for grave consideration. We came to the conclusion, after reading it hastily, that some jesuitical operations are going on to drive away the present faculty, if possible—and then, those who are manifesting their displeasure at the public success or incomes of the incumbents, if they can, will readily take their chairs. The hue and cry of *public good*, when individuals mean *their own*, is not confined to political life—it is heard in college halls, in charitable institutions, and in the neighborhood of twenty-six medical schools scattered over the wide expanse of these United States.

Fossil Foot Marks.—Very many of our readers are geologists, and would therefore be glad to obtain slabs of stones having the foot-steps of extinct animals upon them. A famous locality for these stones is on the Connecticut river, near Greenfield, in the new red sand stone. Perfect tracks of birds and the impressions of fossil fishes are obtained; but not in such plenty as to furnish all applicants. Plaster models are now substituted, giving exact copies of the foot-steps of ornithichnites and sauroidichnites, colored to nature, all packed in boxes, for which \$10 is asked. Address James Dean, Greenfield, Mass.

New Disease.—By the brig Kentucky, news is brought from Bissaos river, Africa. At Gambia, Europeans and natives were reported to be dying in great numbers of a new disease. No description of it is given, but it appears to be altogether different from any malady with which the inhabitants were familiar. By the next arrival, something more satisfactory will probably be known of it.

Homœopathic Examiner.—Inquiry is made to know what has become of this fearless advocate for the new practice? After reaching the second volume, it seems suddenly to have ceased to be. Whether, like some cotemporary medical journals, it was starved out, or quietly made its exit from the stage, after having achieved all that was contemplated, cannot be readily ascertained. It was beautifully printed, and manfully sustained the burden and heat of the day in trying to make homœopathy popular in the United States. Dr. Hull, the editor, is a learned man, beyond all question; but he probably discovered that it cost more than it came to, to beat the bush for disciples.

Medical Advertisement.—In an exchange journal, we lately noticed an advertisement not a little out of the common order, distinctly addressed to "medical schools, or physicians"—and the individual offers himself as a lecturer, or would take charge of the surgical practice of a physician. He states that he has lectured for several years on anatomy, experimental physiology and surgery. But the crowning evidence of his qualifications for conducting the business which he solicits, is based on the fact that he "has extracted a few hundred cataracts, and performed the operation of lithotomy *fifty times*, and other operations proportionably." Now the only marvellous thing is, how it happens that a man of such important qualifications, who must have been extensively

patronized to have operated fifty times for the stone, should desire to become the assistant of any one, since with half the experience of the advertiser, and half the practice, there are surgeons enjoying a widespread reputation. Dr. Dudley, of Lexington, Ky., is acknowledged, we believe, to have performed the operation of lithotomy more times than any other surgeon in America—and his operations range somewhere between one hundred and one hundred and thirty. How many times has Dr. Mott operated? Dr. Warren, second to no living surgeon, in our humble estimation, must be next to Dr. Dudley in point of operations for the stone. Again—we should like to make the acquaintance of an oculist who “*has extracted a few hundred cataracts.*” We will venture to say the advertiser is the only man in the United States who has extracted two hundred. Who is the man whose claims are of such an extraordinary character? Instead of acting in the humble capacity of assistant, which he modestly solicits, his name should be brought before the people in the character of a public benefactor. The advertiser is either an unfortunate person, for whom we will all exert ourselves to reinstate him in the commanding position he must once have had, or he is wholly unworthy of credit. Who will enlighten us further, since our sympathies are in a state of activity in his behalf?

Arrest of Bleeding after Tooth-drawing. By OSMOND WOODFORD, M.D. —In a case which occurred in my practice last week, a lady of middle age and weak fibre applied for some styptic to arrest the bleeding from the alveolus, after the extraction of the last molar by a dentist of some note. My assistant sent a powder consisting of alum, gum and nut-galls, with which the socket was filled, but without success. I was then sent for, when I found the blood coming away of a florid hue, thin and watery; I then applied the compound tincture of Benjamin and a compress of lint, with no effect; afterwards the tincture of the sesquichloride of iron, which also failed; and the patient becoming faint, I gave her some brandy and water, when she rallied. I tried tincture of catechu and nitrate of silver with the same result; and, as Dr. Cochrane observes, the nitrate of silver arrested it for a short time, but not effectually, and eventually it was arrested with the spirit of turpentine.

The case, I think, proves the assertion of Mr. Lloyd, of Liverpool, to be correct (that it is not dependent on age, sex, or condition of health, as she was and is in perfect health); and, also, it does not appear to be hereditary, as none of her family within her recollection ever suffered from hæmorrhage, being in this point opposed to Mr. Lane's opinion.—*London Lancet.*

Medical Miscellany.—Assistant Surgeon C. F. B. Guillon, lately tried by a court martial, has had his sentence commuted by the President, to suspension, without pay or emoluments, for twelve months from the 6th of August last. This gentleman belonged to the medical corps of the celebrated Exploring Expedition.—Dr. Cotterel, of Delaware, has been mulcted in the sum of \$800, for breach of promise to Miss Nancy Owen.—Ten and a half gallons of water were drawn from a lady in Norwalk, Conn., at once, on being tapped for dropsy.—Dr. Mercer, of Adams Co., Mississippi, has lately erected at his own expense, and for the advantage of his vast plantation, and the people who till his lands, a neat church and par-

sonage house, at the cost of over \$30,000. He pays the salary of the minister, \$1200 a year, besides his "meat and bread."—Dr. Mott, of New York, has commenced an action for libel against the Herald of that place. Damages laid at \$25,000.—Homœopathy, it is said, has made an illustrious convert in England. The Duke of Wellington has given a donation of fifty guineas to a homœopathic dispensary.

MARRIED,—In Boston, Dr. James Osgood to Miss E. B. Stickney.—At Fulton, N. Y., Volney Danforth, M.D., of Middleburgh, to Miss Caroline Bouck.—At Kinderhook, N.Y., Dr. Geo. Smillie, of New York, to Miss E. Sickles.—In New Haven, Ct., Dr. Eli W. Blake, of Boston, to Miss F. Babcock.

DIED,—At Mattapoisett, Mass., Dr. W. Southworth, 66.—At Mansfield, Mass., Benjamin Billings, M.D., 85, a surgeon in the revolutionary army, and for more than fifty years a medical practitioner in the town where he died.—At Woodbury, L. I., Dr. William W. Kissam.

Number of deaths in Boston for the week ending Oct. 22, 36.—Males, 14; Females, 22.

Of consumption, 6—smallpox, 1—lung fever, 3—marasmus, 2—teething, 2—dropsy, 1—dropsy in the head, 2—inflammation of the bowels, 3—infantile, 1—typhus fever, 3—fits, 1—tumor, 2—diarrhœa, 1—accidental, 1—convulsions, 1—dropsy on the brain, 1—old age, 1—scarlet fever, 1—scrofula, 1—jaundice, 1.

BALTIMORE COLLEGE OF DENTAL SURGERY.

THE annual Course of Lectures in this Institution, will commence the first week in November, and continue to the last of February.

HORACE H. HAYDEN, M.D., Professor Dental Physiology and Pathology.

CHAPIN A. HARRIS, M.D., Professor Practical Dentistry.

THOS. E. BOND, Jr., M.D., Professor of Special Pathology and Therapeutics.

W. R. HANDY, M.D., Professor of Anatomy and Physiology.

Dental Cliniques will be given during the Course.

Sept. 7—eptN.

W. R. HANDY, *Dean*.

MED. DEPARTMENT OF THE COLUMBIAN COLL., WASHINGTON, D. C.

FACULTY.

THOMAS SEWALL, M. D., Professor of Pathology and the Practice of Medicine.

HARVEY LINDSLY, M.D., Professor of Obstetrics and the Diseases of Women and Children.

THOMAS MILLER, M.D., Professor of Anatomy and Physiology.

JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.

FREDERICK HALL, M.D., LL.D., Professor of Chemistry and Pharmacy.

WILLIAM P. JOHNSTON, M.D., Professor of Surgery.

SAMUEL C. SMOOT, M.D., Demonstrator of Anatomy.

The Lectures of this institution will commence on the first Monday in November, annually, and continue until the first of March.

The entire expense in a course of lectures by all the Professors, is \$70. Dissecting ticket, \$10.

Good board can be procured at from \$2 50 to \$3 per week. Most of the students during the last session paid but \$2 50 per week.

Washington, April, 1842.

July 27—eptN1.

HARVEY LINDSLY, M.D., *Dean*.

MASSACHUSETTS MEDICAL COLLEGE.

THE Medical Lectures of Harvard University begin annually, at the Medical College in Mason street, Boston, on the first Wednesday in November, and continue four months.

The introductory Lecture is given at 12 o'clock of the above day, in the Anatomical Theatre, by the Professors in rotation.

The following are the courses of Lectures delivered in this College, with the fees annexed.

					Fees.
Anatomy and Operative Surgery,	-	-	PROF. WARREN	-	\$15.00
Midwifery and Medical Jurisprudence,	-	-	PROF. CHANNING	-	10.00
Materia Medica,	-	-	PROF. BIGELOW	-	10.00
Principles of Surgery and Clinical Surgery,	-	-	PROF. HAYWARD	-	10.00
Chemistry,	-	-	PROF. WEBSTER	-	15.00
Theory and Practice of Physic and Clin. Med.	-	-	PROFS. WARE and BIGELOW	-	15.00

There is no fee for matriculation. The Hospital and Library are gratuitous. Ticket for Dissecting Room, \$5.00. Board is as low as in any of our cities.

The Clinical Lectures in Medicine and Surgery are given on cases in the Massachusetts General Hospital, which are visited by the class three times a week. Surgical operations at the Hospital are frequent. An abundant opportunity is thus furnished to students for practical observation and study.

July 30—eptN

WALTER CHANNING, *Dean*.

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

SESSION OF 1842-43.

THE Lectures will commence on Tuesday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing.

Practice and Theory of Medicine, by	-	-	-	NATHANIEL CHAPMAN, M.D.
Chemistry, by	-	-	-	ROBERT HARE, M.D.
Surgery, by	-	-	-	WILLIAM GIBSON, M.D.
Anatomy, by	-	-	-	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by	-	-	-	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, by	-	-	-	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	-	-	-	HUGH L. HODGE, M.D.

A course of Clinical Lectures and Demonstrations, in connection with the above, is given at the very extensive and convenient infirmary called the Philadelphia Hospital.

Clinical Medicine, by	-	-	-	W. W. GERHARD, M.D.
Clinical Surgery, by	-	-	-	DRS. GIBSON AND HORNER.

Dr. Horner continues in public attendance at the said Hospital until August 1st; and as the tickets of admission are issued for one year from November 1st, they remain valid for his course, and the other service of the house, until the time expires.

Clinical instruction in medicine is also given from the 1st day of November to the 1st day of March by Dr. Wood, in the Pennsylvania Hospital, an institution which is well known as one of the finest and best conducted infirmaries in the United States.

The rooms for practical anatomy will be opened October 1st, and continued so to the end of March. They are under the charge of Paul Beck Goddard, M.D., Demonstrator, with a supervision on the part of Dr. Horner.

Copious additions to the very extensive cabinets of Anatomy, Materia Medica, Chemistry, Surgery and Obstetrics, have recently been made, and are in progress; the polity of the school being to give to its instructions, both Didactic and Clinical, a character as practical and influential as possible in imparting a sound medical education.

The Professor of Materia Medica, besides his cabinet, has an extensive and well-furnished conservatory, from which are exhibited, in the fresh and growing state, the native and exotic medicinal plants. 263 Chestnut street, Philadelphia, August 1, 1842.

W. E. HORNER, M.D.,

Jy. 27—eoptN10

Dean of the Medical Faculty.

NOTE.—A considerable number of the distinguished graduates of the school who are in connection with the Medical Department of the Guardians of the Poor, and with the different Dispensaries and Beneficiary establishments of the city, give clinical and elementary instruction through the year, in private and in their rounds of practice, to such gentlemen as desire it.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF NEW YORK.

THE annual course of Medical Lectures in this Institution will begin on the last Monday of October. There will be two annual sessions, the first of which will terminate on the last day of February, when candidates for the degree of Doctor of Medicine will be examined. The lecture fees for this term, are \$105.

The second term of instruction will begin on the third Monday of March, and will be continued until the middle of June, when another examination of candidates will take place. The entire fees for this course are \$50.

The spring term offers the following advantages to the student of medicine: 1st. He may annually attend a course of seven instead of four months. 2d. If he graduate at the close of the winter term, he will be allowed to attend the spring term gratuitously. 3d. If the candidate for graduation at the winter Commencement be found unprepared, he will be permitted to attend the spring course gratuitously, and to pass another examination. 4th. An attendance on two spring courses will be received as an equivalent for one winter course.

The surgical clinique is continued every Saturday throughout the year.

VALENTINE MOTT, M.D., Professor of the Principles and Operations of Surgery, and Surgical and Pathological Anatomy.

GRANVILLE SHARP PATTISON, M.D., Professor of General, Descriptive and Surgical Anatomy.

JOHN REVERE, M.D., Professor of the Theory and Practice of Medicine.

MARTYN PAINE, M.D., Professor of the Institutes of Medicine and Materia Medica.

GUNNING S. BEDFORD, M.D., Professor of Midwifery and the Diseases of Women and Children.

JOHN W. DRAPER, M.D., Professor of Chemistry.

Appointments by Professors of Surgery and Anatomy.

JOHN CARROGHAN, M.D., Prosector to the Professor of Surgery.

JOHN H. WHITAKER, M.D., Demonstrator to the Professor of Anatomy.

New York, July 14, 1842.

Jy. 27—eptN1

JOHN W. DRAPER,

Secretary to the Faculty.

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

Jy 28—eoply

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

MAGNETO-ELECTRIC GILDING AND SILVERING.

DONE to order, by Daniel Davis, Jr., 11 Cornhill, Boston, Mass. Watches, spoons, knives, thimbles, brass or copper ornaments, of all descriptions, gilded or silvered at the lowest prices. All kinds of surgical and dental instruments gilt in the best manner, and warranted superior to any other process. Improved magneto-electric apparatus for medical purposes.

Apparatus for gilding and silvering at reasonable prices. Davis's Manual of Magnetism, 328 pages, Price 75 cents. Measures have been taken to secure Letters Patent. O. 21.—4t